
Strategies for Involving Health Departments in Planning—Experiences in a Rural Georgia Health Service Agency

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HEALTH SYSTEMS AGENCIES—created as a result of the National Health Planning and Resources Development Act—and county health departments can be effective partners in planning and delivering public health services on a substate level. Three of the national health planning priorities set forth in this act pertain specifically to services offered in or through health departments: (a) primary care services for medically underserved populations; (b) disease prevention activities, including nutritional and environmental services and preventive health care; and (c) the education of the general public concerning proper personal health care and the use of health services (1). Health departments comprise an established and organized network for assessing certain health needs and for implementing preventive and primary care programs. Because county health departments are legally empowered to ensure the general public health, it is essential that attempts to plan and coordinate the delivery of health care take into consideration the existing and planned efforts of these agencies.

The State of Georgia is divided into 10 health districts. A district health office coordinates State and local public health services, manpower, and funding within the district. Large districts are divided into units which, in effect, operate as districts.

The Health Systems Agency of Central Georgia, Inc.—the fully designated health planning and resources development agency for Georgia Health Service Area V—has initiated several activities involving the county health departments and district health offices in its area. These activities include emergency medical services, health education, and an areawide inventory of public health services, manpower, and funding. The inventory is expected to facilitate the involvement of health departments in the agency's functions of plan develop-

ment and plan implementation. Health planning requires adequate data concerning an area's health services, and in Georgia Health Service Area V, county health departments represent an extremely important data source.

Area V consists of 36 central Georgia counties and one Alabama county in the Columbus, Ga., Standard Metropolitan Statistical Area. Approximately 60 percent of Area V's 776,800 residents live in the two urban centers of Columbus and Macon, Ga., with the remaining 40 percent in largely rural counties. All or part of each of the 37 counties have been designated as medically underserved by the Department of Health, Education, and Welfare. Because no areawide comprehensive health planning agency predated the Health Systems Agency of Central Georgia, Inc., health planning and resources development is a relatively new activity to this part of the State. This health systems agency (HSA) and residents of Area V can accelerate health planning by including health departments in the planning process and by compiling accurate data on the departments' programs. The inventory described in the succeeding section is one tool with which to accomplish these aims.

The Inventory

Methods. Most of the data for the health department inventory was obtained during the last 3 months of 1977. HSA staff visited the three district health offices in Georgia Health Service Area V where they gathered a large portion of the data. Data not available then were obtained through telephone calls to the district health offices and the individual county health departments. State public health officials provided assistance and direction in data gathering. When possible, data were verified through other sources. The following sections summarize the inventory.

Public health services. The three district health offices and 37 county health departments make available personal and preventive health and environmental sani-

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tation services to the residents of the area. Health department professionals provide direct or referral services in child health, maternal health, venereal disease, dental health, family planning, chronic diseases, primary health care, health education, home health care, nutrition, sanitation, and land use. In several Area V counties, health departments provide the only incounty health care. County health departments are also responsible for almost all environmental sanitation services. Additionally, numerous programs funded with State and Federal monies are implemented through health departments.

The following table indicates the number of health departments of the total 37 in Area V offering the service.

<i>Service</i>	<i>Number of departments</i>
Home health care -----	8
Maternal and infant services -----	37
Family planning services -----	37
Primary care center -----	3
Early periodic screening, diagnosis, and treatment -----	37
Dental services -----	14
Immunizations -----	37
Chronic disease screening and followup -----	16
Venereal disease screening and treatment -----	3
Special supplemental food program for women, infants, and children -----	37
Sanitation services -----	37
Tuberculosis (referral services) -----	37

The majority of these services are provided in the department offices, although community clinics are held in housing projects for low-income families and in public schools, public meeting halls, and other facilities easily accessible to the general population. State public health statisticians are currently compiling data, by health service area, on the use of health department services.

Another survey was undertaken by the HSA to obtain data on major health problems and the utilization of health services. Eight percent of the 1,300 middle-Georgia residents who responded in this survey

indicated that they had visited a public health nurse during the previous year (2).

Manpower. Approximately 514 persons work in the district health offices and county health departments in Area V. The numbers of staff as of January 10, 1978, were as follows:

<i>Personnel</i>	<i>Number</i>
Nursing services (registered nurses, licensed practical nurses, aides) -----	222
Health program representatives -----	15
Environmental sanitation personnel -----	67
Dentists -----	¹ 9
Nutritionists -----	7
Health educators -----	3
Clerks -----	131
X-ray technicians -----	2
Physicians -----	² 56
Speech therapist -----	1
Physical therapist -----	1
Total -----	514

¹ State employed dentists and dentists under private contract.

² This number includes the district health officers, clinic physicians, and the physicians who treat patients with sexually transmitted diseases in their own offices. Only the district health officers work full time for the State.

These workers are employed to ensure that the public health laws are enforced and the proper health care is provided. Other health professionals are employed or under contract to the States and are paid on a fee-for-service basis. The majority, however, are State employed, and they comprise the largest public health manpower pool in Area V.

Staffing patterns vary considerably by the size of the county health department. Nurses, environmental and sanitation engineers, and clerks work in all the county health departments. Dentists, health educators, nutritionists, health program representatives, laboratory personnel, and other specialized health professionals are employed in the district health offices only, but periodically visit the smaller county departments for

Budgets of county health departments and district offices for physical health care in Georgia Health Service Area V, fiscal year 1978

<i>Type of budget</i>	<i>District 5, Unit 1 (9 counties)</i>	<i>District 5, Unit 2 (14 counties)</i>	<i>District 7 (13 counties)</i>
County health department	\$688,255	\$2,284,045	\$1,698,827
District family planning	142,200	167,000	215,178
District WIC	303,895	651,000	643,798
District health office	245,231	284,266	319,216

NOTE: The budget of the Russell County (Ala.) Health Department was \$165,948, making the total Area V budget for public health \$7,808,859.

family planning clinics, dental clinics, and other specific purposes.

Funding. A combination of Federal, State, and county funds, approximately \$8 million, support the delivery of health services in Area V. Funds are channeled through various mechanisms to State and local governments for disbursement to the county health departments, and it is difficult to trace the exact source for most services. Certain programs—the Special Supplemental Food Programs for Women, Infants, and Children (WIC), family planning, and Early Periodic Screening, Diagnosis, and Treatment (EPSDT)—are funded almost exclusively with Federal dollars, but other services receive varying amounts from all three sources. The table lists the 1978 fiscal year budgets for public health programs in Georgia Health Service Area V. County health department amounts include State and local funds in addition to monies obtained through fees, contracts, and Federal grants.

The State and counties contribute the largest portion of public health dollars in Area V. Exact figures are not available, but an estimated 60 percent of the dollars are State and local, and 40 percent are Federal. Federal appropriations include funds provided under Titles V, XIX, and XX of the Social Security Act, Title X of the Public Health Service Act, and more than \$1.5 million from the U.S. Department of Agriculture for the WIC Program. Most Federal funds are funneled through the district health offices to the local level.

This summary of the inventory indicates that substantial resources (\$12 per capita) are allocated to providing public health services in Area V. In each county, at least one health department facility makes primary and preventive care services available to the general population. The implications of this availability for health planning are discussed subsequently.

Public Health Programs and Health Planning

Health planning can be defined as a process of assessing the health status of a given population, determining its major health problems, and developing and implementing programs and plans to reduce the problems. This cycle will repeat itself as programs are evaluated, health improves, and as new strategies of implementation are developed. County health departments should be active participants in this process, especially in rural areas where they are responsible for much of the preventive and primary health care. Making an inventory of public health programs, such as was done in Area V, can increase the health departments' involvement and improve the development and

implementation of plans for health service areas. Involvement strategies specific to Georgia Health Service Area V are discussed subsequently.

In the HSA's health plan, residents of Area V have identified four major physical health problems of this population: heart disease, hypertension, perinatal mortality and morbidity, and dental disease. The "1978 Central Georgia Health Plan"—the health systems plan/annual implementation plan for Area V—outlines goals, objectives, and recommended actions to reduce these problems (3). Many of the plan's objectives and recommended actions call for cooperation with county health departments.

Example. Dental disease is a major health problem in Area V, especially in the rural localities with acute dental manpower shortages. Even in urban areas the indigent may have difficulty obtaining dental care. It was learned during the inventory that public health dentist positions had been eliminated from the State budget in one health district. In subsequent revisions, the Central Georgia Health Plan might support efforts to secure State funds for a full-time public health dentist and a dental health education program. This objective would be consistent with sound planning principles and a most appropriate method for increasing State dental health manpower in the area. Without an up-to-date inventory of public health capabilities, such an objective would not be considered.

In rural areas such as the 29 counties in Area V, each of which has less than 6 physicians, the health departments have the only system that can carry out wide-scale programs. They can be invaluable, therefore, in implementing HSA plans. Health departments are particularly well suited to addressing three of the four priorities cited in the 1978 Central Georgia Health Plan—hypertension, perinatal mortality and morbidity, and primary dental care. Several goals and objectives in the 1978 plan call for local health departments to expand or initiate familiar programs (hypertension screening, family planning, birth control, pregnancy testing, and dental clinics in areas with a shortage of primary dental manpower).

Example. An important objective in the 1978 plan is that high blood pressure screening, early detection, and diagnostic services should be regularly available and accessible to residents of each county. To achieve this objective the plan recommends that health departments expand hypertension screening services to meet the needs of area residents. The survey revealed that county health departments, assisted by district health offices, conduct limited mass hypertension screening programs and provide followup care or referral to those with

high blood pressure. However, if these programs were expanded and made a regular activity in each health department, the programs' efficiency would increase and clinic costs could be reduced.

The health systems agency and local health departments can combine planning expertise with local manpower and funding and thereby initiate needed programs in a cost-effective manner, a particularly important consideration as cost containment is increasingly emphasized in health planning. Project review, the regulatory aspect of health planning, is also related to cost containment. Local health systems agencies are required to review applications for Federal funds. Decisions on health services and project reviews—which are based on the need for a proposed service and its potential contribution to cost containment—should take into account the existing services in nearby health departments. In attempting to prevent unnecessary duplications, the HSAs may encourage reliance on health departments to implement some aspects of delivery systems that can be administered most cost effectively within the departments. This attitude would discourage duplicative efforts in a particular area and thereby hold down health care spending.

Example. Primary care is receiving a great deal of attention at the national level and in Georgia. Numerous groups are eager to obtain Federal and State funding to place primary health care manpower in rural

Georgia. Some Georgia health departments are already actively involved in such efforts, and all the rural departments provide at least some primary care services through family planning, maternal and infant health, and child screening clinics. Applications for new funds for local primary health care projects should be coordinated with the county health departments, and health systems agency approval of such projects should be contingent upon the projects' involvement with health departments. This coordination will foster the development of efficient delivery systems.

Health departments can provide HSAs with needed data, linkages with local governments, and citizen participation in planning activities, among other benefits. In turn, a new HSA may find county health departments eager to benefit from the planning expertise of HSA staff and extremely receptive to the idea of regional coordination in delivering health services. Such a partnership—if cultivated carefully—can be instrumental in achieving the goals of planners and public health professionals alike.

References

1. U.S. Public Law 93-641, Sec. 1502. 42 USC 300k.
2. McKinney, M. M., and McMillan, R. E.: Assessing community health education needs through a health fair opinion survey: a case study. Health Systems Agency of Central Georgia, Inc., Warner Robins, Ga., 1978.
3. Health Systems Agency of Central Georgia: 1978 central Georgia health plan. Warner Robins, Ga. 1978.

SYNOPSIS

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The Health Systems Agency of Central Georgia, Inc., serving rural Georgia and Alabama, inventoried public health services, manpower, and funding in its 37-county area. The inventory contributes to a data base for making health planning and resources development decisions and promotes the involvement of health departments in regional efforts to improve the health status of the population. Health systems agency (HSA) studies can help to make health departments active participants in the health planning process. Health systems agency staff obtained data from county health departments and State district health offices, par-

ticularly the data relevant to the agency's health systems plan/annual implementation plan. When possible, HSA staff also contacted other State and county agencies to ensure the reliability of the data.

County health departments and district health offices in this area of central Georgia provide maternal and child health services, family planning, dental care, chronic and communicable disease screening and treatment, nutritional services, sanitation services, health education, home health care, and primary health care. More than 500 health professionals work in these agencies, and in fiscal year 1978 almost \$8 million was appropriated to deliver public health services. Health departments comprise an established and organized network through which services are delivered and certain health needs can be assessed.

A comparison of health depart-

ment services with the physical health problems given high priority in the HSA's health systems plan/annual implementation plan revealed several strategies for collaboration with health departments. These strategies include (a) establishing goals, objectives, and recommended actions in the agency's planning documents; (b) achieving goals and objectives by expanding or initiating health department programs; and (c) ensuring that decisions on health services and project reviews concerning proposed uses of Federal funds take into consideration existing and planned health department activities. Health departments can also provide HSAs with linkages to local governments and to citizen participation in planning. In return, health departments may be eager to take advantage of health planning expertise, especially where there have been no predecessor comprehensive health planning agencies.